

# APPLICATION FOR EMPLOYMENT WITH CITY OF COWETA

We are an equal opportunity employer

## Personal Information

Date \_\_\_\_\_.

Name \_\_\_\_\_.

Last

First

Middle

Present Address \_\_\_\_\_.

Street

City

State

Zip

Mailing Address \_\_\_\_\_.

Street

City

State

Zip

Where can we reach you? Home Phone \_\_\_\_\_.

Cell Phone \_\_\_\_\_.

## EMPLOYMENT DESIRED

Position applied for (must be specific) \_\_\_\_\_.

Date you can start \_\_\_\_\_.

Have you ever been employed by the City of Coweta in the past? \_\_\_\_\_.

If "yes", when \_\_\_\_\_.

Have you applied for employment with the City of Coweta within the past three years? \_\_\_\_\_.

## Education

Name and Location of School

Did you graduate / Degree

High School / GED		
College		
Graduate School		
Trade, Business, or Correspondence School		

## GENERAL INFORMATION: Please state any special skills you have that reflect on this position.

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## REFERENCES

List below three persons **Not Related to You**, whom you have known at least three years.

Full Name	Address	Phone	Years Known
1			
2.			
3.			

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## Present & Former Employment

List below your last six employers, starting with the most recent.

Date Month & Year	Name &Address	Phone	Salary Upon Leaving	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					

\*\*\*Applicant must Initial each statement below and sign at the bottom.\*\*\*

\_\_\_\_\_ I understand that before I can be hired by the City of Coweta, I must provide proof of my identity and employment eligibility, by Homeland Security & I9 guidelines.

\_\_\_\_\_ I understand that if hired by the City of Coweta, my employment will be “at will of both parties” without stated terms or conditions and that the employment can be terminated by myself or by the City of Coweta at any time, with or without cause or prior notice by either party.

\_\_\_\_\_ I understand that I must state the exact job or job category that I am seeking and if I leave this space blank or is non descript, my application may not be reviewed or considered for employment. I understand that I must fill out a separate application for each position that I am applying for.

\_\_\_\_\_ I understand that this application will remain on file with the City of Coweta for three years from the date it was accepted and after that date it will be destroyed unless I am hired by the City of Coweta. If you wish to reapply for employment a new application must be filled out after six months.

\_\_\_\_\_ I understand that an offer of employment is conditional upon a successful background check and successful drug screen and that false or misrepresentation of information on this application or documents submitted to the City of Coweta is grounds for termination.

\_\_\_\_\_ I understand and affirm that nothing contained in this application, conveyed during any interview, conversation, or correspondence is intended to create an employment agreement or contract with the City of Coweta. I understand & agree that no promises regarding employment can be made to me except by the City Manager, and I understand that no such promise or guarantee is binding upon the City of Coweta unless made in writing.

\_\_\_\_\_ I understand and affirm that no offer of employment can be made until I have completed and passed a pre-employment drug test, satisfied a successful background review and that I may be required to submit to a medical examination at any time deemed appropriate by the City of Coweta.

\_\_\_\_\_ I understand and affirm that completing this application does not indicate there is a position open within the City and does not obligate the City of Coweta to hire. If hired, I agree to abide by all City of Coweta policies, rules, and procedures along with Department rules and procedures. The City of Coweta retains the right to revise its policies, rules, and procedures, in whole or in part, at any time.

\_\_\_\_\_ I certify that the facts contained in this applications (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City of Coweta.

Date

Name (Printed)

Signature